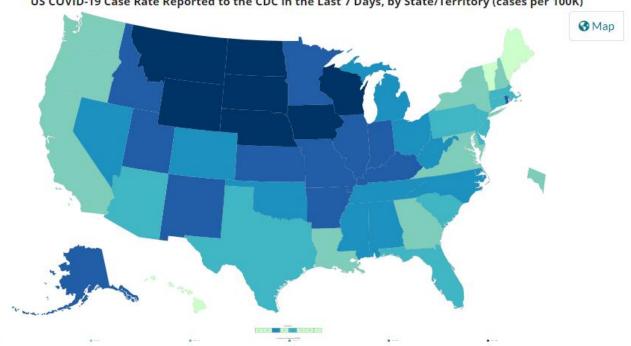
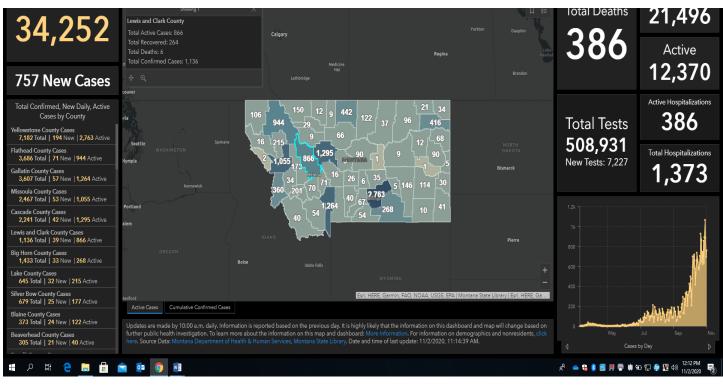


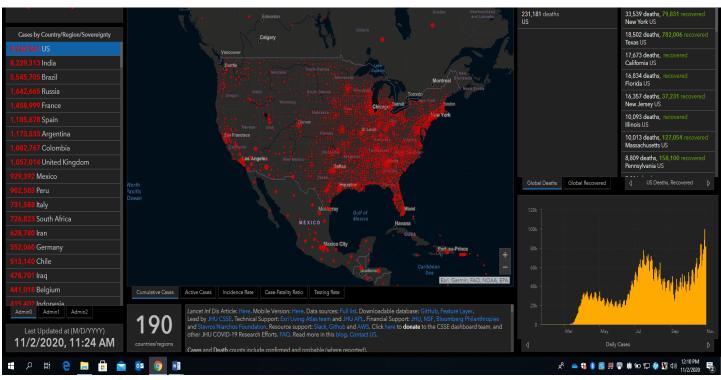
COVID-19 Incident Action Plan <u>11/02/20</u> to <u>11/09/20</u>

US COVID-19 Case Rate Reported to the CDC in the Last 7 Days, by State/Territory (cases per 100K)



The Items checked below are included in this IAP					
☑ ICS 202	☑ ICS 205				
☑ ICS 203	☑ ICS 206				
☑ ICS 204	☑ ICS 207				
Other Att	achments:				
Local Docs:	State Docs:				
☑ L&C County COVID Data Map (link)	☑ Governor's Phase 2 Directive (link)				
☑ LCPH Phase 2 Guidance Documents (link)	☑ Phase 2 FAQ (link)				
☑ L&C Guidance on Masks.(link)	☑ Gov's Mask Directive (<u>link</u>)				
☑ Large Event/Gathering Planning Form (link)	✓ Mask FAQ (link)				
✓ Helena <u>Wastewater Report (10/22)</u>	✓ Mask Directive for K-12 Schools (link)				
☑ East Helena <u>Wastewater Report (10/22)</u>	✓ Montana Hospital Capacity Report (10/25) (link)				





ICS 202 – INCIDENT C	bjectives & Updat	te Form					
1. Incident Name:	2. Operational Period	l: Date	From: 11	/02/20	Date To:	11/09/20	
COVID-19		Time	from:	0830	Time from:	0830	
3. Prepared by:			4. Approved b	y:			
Name: Brett Lloyd	Position: Planning Sec	tion Chief	Name: Dreno	la Niemann	Positio	n: Incident Commander	
Commander's Intent:	•		-		<u>-</u>		
The intent of all actions and		as possible,	minimize disea	se spread th	rough physical d	listancing and other	
evidence-based protective ar	nd preventive measures.						
General Control Objectives:					00.05.401.4		
•	h by taking a lead role in		_	•	COVID-19 in the	community.	
• •	advisory & medical resou areness and impacts on		•		nity		
	Public Health operations.		itilicare system	and commu	ility.		
•	tion & Education to prov		guidance, situa	tional awar	eness and mana	ge rumors &	
misinformation.	a Ladodion to pro-		Baraarroo, 5.cac			50 1 4010 4.	
6. Implement & manage a	phased local reopening	effort that fo	cuses on easing	g restrictions	s while still minii	mizing disease	
transmission.							
Quick Resource	<u>ce</u>	&G Meeting A	Agenda			<u>Order</u>	
 Montana COVID Task F 	orce Page Pla	ans Chief ope	ens meeting, co	rules, and	□ Ops-Shelly		
 LCPH CV-19 Page 	re	reviews agenda.				□ Ops-Laurel	
 L&C CV-19 Data Map 		tuation Upda			□ Ops-Eric		
 MTDPHHS Page 			ies for next Op		☐ Logistics-Jolene		
o <u>Hotline #-1-888-333</u>		Outstanding issues.				☐ LOFR-Kathy	
COVID-19 Resource Lib		closing comr	nents.			☐ PIO- Damian	
CDC COVID Data Tracket WILL CV 40 Page	<u>er</u>					☐ IC-Drenda	
WHO CV-19 Page							
		Situation Up	date: 11/02/2	0			
ltem	<u>Local</u>	<u>S</u>	<u>tate</u>	JHU US	COVID Map	Global COVID Tracker	
Total Cases:	1,136		34,252		9,240,261	46,643,798	
Total Deaths:	6		386		231,181	1,202,081	
Active Cases	866		12,370		5,609,634	14,284,803	
Total Recovered	264 ~9,000+*		21,496		3,630,627	31,156,914	
Total Tests: *Best estimate based on incomplete data.		reported to the he	508,931	<u> </u>	147,248,089		
•		•		0/26	10	/12 10/10	
 Number of new cases in <u>last</u> Utah – 11,628 	• 52.6 per 100K		-	19-10/26 Utah – 10,488		. 0/12-10/19 Utah – 8,653	
 Colorado – 12,261 	• 30.8 per 100k			•	• 37 •	Colorado – 6,727	
 Washington - 5,402 	• 10.2 per 100k			 Colorado – 9,787 Washington - 4,73 		Washington - 4,636	
• Idaho – 5,744	 46.8 per 100k 			ho – 6,252	,712 • •	Idaho – 4,881	
 North Dakota - 7,774 	• 146.1 per 100k	(1st in nation		rth Dakota -		North Dakota - 4,713	
 South Dakota – 8,121 	• 131.5 per 100k	•	**	ıth Dakota –	•	South Dakota – 4,664	
 Montana - 5.615 	• 75.5 per 100k (ntana - 5.05	•	Montana - 4.118	

Dest	estimate basea on incomplete data. No	it all test	s or testing locations are reported to the health a	ері.			
Num	nber of new cases in last 7	days	in our region:	10,	/19-10/26	10,	/12-10/19
•	Utah – 11,628	•	52.6 per 100K	•	Utah – 10,488	•	Utah – 8,653
•	Colorado – 12,261	•	30.8 per 100k	•	Colorado – 9,787	•	Colorado – 6,727
•	Washington - 5,402	•	10.2 per 100k	•	Washington - 4,712	•	Washington - 4,636
•	Idaho – 5,744	•	46.8 per 100k	•	Idaho – 6,252	•	Idaho – 4,881
•	North Dakota - 7,774	•	146.1 per 100k (1st in nation))	•	North Dakota - 5,604	•	North Dakota - 4,713
•	South Dakota – 8,121	•	131.5 per 100k (2 nd)	•	South Dakota - 5,934	•	South Dakota - 4,664
•	Montana - 5,615	•	75.5 per 100k (4 th)	•	Montana - 5,059	•	Montana - 4,118
•	Oregon – 3,328	•	11.3 per 100k	•	Oregon – 2,569	•	Oregon – 2,790
•	Wyoming – 2,682	•	66.3 per 100k (5 th)	•	Wyoming – 2,016	•	Wyoming – 1,361
•	Significant increase in acti cases.	ve cas	ses this past week locally and acro	ss the	e state. Several assisted livi	ng fac	ilities now have positive
•	US will likely hit 10 million million by month's end.	total	cases and possibly 6 million activ	e case	es by Thanksgiving. Global c	ases s	till on track to hit 50
•	We are continuing to try a	nd hi	re more contact tracers to keep u	p with	n the workload.		
•	Next IAP will be Monday,	Nove	mber 9, 2020.				



Federal Updates:

- Based on the most current research, CDC has updated their definition of a close contact.
 - Someone who was within 6 feet of an infected person for a <u>cumulative</u> total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
 - * Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended. https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

Personal Protective Equipment (PPE) Preservation
Planning Toolkit: This toolkit was developed by the
COVID-19 Healthcare Resilience Working Group and
includes links to a guide and an Excel spreadsheet that
can help users understand types of PPE preservation
strategies and calculate how using those strategies
can increase the duration of a specified PPE supply.

О



Act	Activities/Tasks for this Operational Period								
Activity			Task		Responsible POC	Status			
1.	Case Management	1.	Contact trace investigations	1.	Shelly & Team	1. Ongoing			
		2.	Isolation & Quarantine follow-ups	2.	I&Q Team	2. Ongoing			
2.	Technical Guidance	1.	Provide tech assistance as needed.	1.	Laurel & Team	1. Ongoing			
		2.	Review gathering and event plans.	2.	Laurel & Team	2. Ongoing			
3.	Enforcement	1.	Follow up on complaints.	1.	Laurel & Team	1. Ongoing			
		2.	Coordinate enforcement process with	2.	Drenda & Laurel	2. Ongoing			
			local LE.						
4.	Testing	1.	Coordinate testing with local partners.	1.	Shelly	1. Ongoing			
		2.	Work with local partners for	2.	Eric	2. Ongoing			
			wastewater testing.						

Major Decisi	ions / Policy Changes
Date	Description of decision / policy change
10/23/20	Cap on events at 50 people

Documents /	Documents / Products Developed							
Date:	Name and Description	POC:	Status/Location:					
11/02/20	Work Quarantine Plans for Critical Infrastructure	Eric Merchant	Ongoing,					

Changes in personnel and/or resource deployment since last update							
Resource (include name if personnel) Date of change Disposition/Status Location:							
Interviews for additional contact tracers ongoing	11/02/20	In Progress	virtual				

List of major problems or concerns since last update						
Pro	oblems/Concerns:	Status:				
1.	Continued spike in local case numbers.	1. In Progress				
2.	Complaints & non-compliance	2. In Progress				
3.	Large event plans	3. In Progress				

Re	Recommendations or emphasis for the next operational period (e.g., objectives, tasks, resources):							
1.	Contact tracing of new cases.	3.	Enforcement of prevention measures and health orders.					
2.	Stop spread in congregate facilities.	4.	Large event plan reviews.					

Other Instructions / Comments:						
Provider Weekly COVID-19 Update	Stakeholders Weekly COVID-19 Update					
Recurring – Every other Thursday 8:30-9:30 am (Next –	Recurring – Friday 8:30-9:30 am (Next – November					
November 12, 2020)	<u>6, 2020</u>)					
Agenda:	Agenda:					
Situation Update	Situation Update					
 Question and Answers 	 Question and Answers 					
Join Zoom Meeting	Join Zoom Meeting					
https://zoom.us/j/680386439	https://zoom.us/j/98704192574					
Meeting ID : 680 386 439	Meeting ID: 987 0419 2574 password: 447277					



1. Incident Name:		2.	Operational Period:	Date From:	11/02	/20	Date To:	11/09/20		
COV	/ID-19			Time from:	083		Time from:	0830		
	POSITION			NAME			CONTAC	T INFO		
3. UHC Incident	Commande	r(s) and Staff –	LCPH DOC # 406-4	57-8900						
LCPH Incident Comma	ander		Drenda Niem	ann, Health Off	icer	0-	-457-8910			
SPH Incident Comma	nder		Brian Lee, Dr	. Shelly Harkins		(4	06) 444-2304			
Public Information (Officer		Damian Boud	dreau		0-	0-457-8908			
Liaison Officer			Kathy Moore			0-	o-457-8926			
Medical Officer			Dr. William S	nider, D.O.		0-	o-457-8900			
4. UHC Operati	ions Sectio	n								
Operations Chief			Eric Merchan	<u>it</u>		0-	-457-8914			
Deputy Operations C	hief		St. Peter's Ho	ospital		(4	06) 444-2304			
Disease Containment	t Branch		Shelly Maag			0-	-457-8947			
Case Management Group			Linda Gleaso	Linda Gleason			o-457-8947 o-457-8900 o-457-8900 o-457-8894 o- 447-8361 HOTLINE: 457-8904 o- 447-8361			
o In	vestigation Tea	m	Tanner Rasm	ussen		0-	CONTACT INFO 0-457-8910 (406) 444-2304 0-457-8908 0-457-8926 0-457-8900 0-457-8914 (406) 444-2304 0-457-8900 0-457-8900 0-457-8900 0-457-8900 0-457-8904 0-447-8361 HOTLINE: 457-8904 0-447-8361 0-457-8900 0-457-8900 0-447-8221 (406) 444-2304 (406) 444-2304 (406) 444-2304 (406) 444-2304 0-444-2228 0-457-8897 0-457-8897 0-457-8583			
o Iso	olation & Quara	ntine Team	Lakin Girdne	<u>r</u>		0-	o-457-8900 o-457-8900 o-457-8894 o- 447-8361 HOTLINE: 457-8904 o- 447-8361 o-457-8900 o-457-8900 o-447-8221 (406) 444-2304 (406) 444-2304 (406) 444-2304 (406) 444-2304			
Technical Infor	mation & Guida	ance Group	<u>Laurel Riek</u>			0-	o-457-8900 o-457-8894 o- 447-8361 HOTLINE: 457-8904 o- 447-8361 o-457-8900 o-457-8900 o-447-8221 (406) 444-2304			
o Te	chnical Assista	nce Team	Nurses, Sanit	arians		Н	HOTLINE: 457-8904			
Enforcement G	iroup		<u>Laurel Riek</u>			0-	o- 447-8361			
o Ed	lucation Team		Licensed Esta	ablishment		0-	o-457-8900			
o W	arning Team		Licensed Esta Enforcement	ablishment/Law		0-	o-457-8900			
o En	forcement Tea	m	Law Enforcer	ment & County /	Atty	0-	o-447-8221			
Medical Branch			St. Peter's Ho	ospital		(4	(406) 444-2304			
Healthcare Fac	ilities Group		St. Peter's Ho	ospital		(4	(406) 444-2304			
 Testing 			SPH/PureVie	w		(4	(406) 444-2304/457-0000			
• Treatment			St. Peter's Ho	ospital		(4	06) 444-2304			
Transport Grou	ıp		SPH EMS			0-	0-444-2228			
 Fatalities Group 	р		Coroner			0-	-457-8835			
5. UHC Plannin	g Section									
UHC Planning Chief			<u>Brett Lloyd</u>			0-	-457-8897			
Situation Unit (MID	IS Tech Speciali	st)	Jan Williams			0-	-457-8583			
Situation Unit (Epid	emiologist)		VACANT							
6. UHC Logistic	s Section									
Logistics Chief			<u>Brett Lloyd</u>			0-	-447-8285			
Supply Unit Leader			Jolene Helge				o- 457-8907			
PPE Coordinator			Valerie Stace	<u>y</u>			o-457-8891			
COAD			Joe Wojton			H	OTLINE:-447-16)5		
7. UHC Financ	e / Admini	stration Secti	on (AGENCY Man	aged)						
LCPH Finance/Administration Chief				<u>Heather Parmer</u>			o-457-8967			
8. Agency Executive/CEO				Justin Murgel, BoH Chair			o-457-8900			
9. County EOC/Emer	gency Manager		Brett Lloyd, I				-457-8897			
10. External Agency F (FROM the Hospita	•		SPH: Will Ku VA: Paul Rey				PH: o-(406) 444-2 A, o-(406) 447-7			
11. SPH Hospital Com	nmand Center		Sevda Raghib	, LOFR		40	06-447-2840			
12. Prepared by:	PRINT NAME	Brett Lloyd				DATE:	11/02/20			
	POSITION:	UHC Plans Chie	·t			TIME:	1130			



Incident Command System Form 204 Assignment List 1. Incident Name: COVID-19 2. Operational Period: Time From: 8:30:00 AM Time To: 8: 3. Assignment Identifier: 4. Operations Personnel: Ph. Number Operations Section Chief Operations Section Chie			
1. Incident Name COVID-19 2. Operational Period: Time From: 11/2/2020 Date To: 11.			
1. Incident Name: COVID-19 2. Operational Period: Date From: 11/2/2020 Date To: 11. Time From: 8:30:00 AM Time To: 8:3 3. Assignment Identifier: 4. Operations Personnel: Ph. Number Section Operations Section Chief Operations Section Chief Operations Section Chief Operations Section Sect. Deputy Branch Disease Branch Disease Branch Director Shelly Maag 406-457-8947 Group Case Management Group Supervisor Linda Gleason 406-457-8900 5. Resources Assigned: Resource Identifier Name # 0. Contact numbers Special Equipment and Supplie Investigation Team Inner Rasmussen Journal Lakin Girdner Jou			
3. Assignment Identifier: Section Operations Operations Section Chief Eric Merchant 406-457-8914 Branch Disease Branch Director Shelly Maag 406-457-8947 Group Case Management Section Chief Branch Director Shelly Maag 406-457-8900 5. Resources Assigned: Resource Identifier Name # C Contact numbers Special Equipment and Supplier Investigation Team Tanner Rasmussen Solation & Quarantine Team Lakin Girdner 9 406-457-8994 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 13. Assignment Identifier:			
3. Assignment Identifier: Section Operations Operations Section Chief Eric Merchant 406-457-8914 Operations Sect, Deputy Branch Disease Branch Director Shelly Maag 406-457-8947 Group Case Management Standard Disease Management Disea			
Section Operations Operations Section Chief Operations Section Chief Operations Sect, Deputy Branch Disease Disease Group Supervisor Shelly Maag 406-457-8947 Group Case Management Group Supervisor Linda Gleason 406-457-8900 5. Resources Assigned: Resource Identifier Name Tanner Rasmussen 30 406-457-8904 Murray Building Isolation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed.			
Branch Disease Disease Branch Disease Branch Director Shelly Maag 406-457-8947 Group Case Management Group Supervisor Linda Gleason 406-457-8900 5. Resources Assigned: Resource Identifier Name Resmussen Supervisor Reporting Location, Special Equipment and Supplies Investigation Team Lakin Girdner Supervisor Reporting Location, Special Equipment and Supplies Investigation Earn Lakin Girdner Supervisor Reporting Location, Special Equipment and Supplies Investigation Earn Lakin Girdner Supervisor Reporting Location, Special Equipment and Supplies Investigation Earn Lakin Girdner Supervisor Reporting Location, Special Equipment and Supplies Investigation Earn Earn Lakin Girdner Supervisor Reporting Location, Special Equipment and Supplies Investigation Earn Earn Earn Earn Earn Earn Earn Ear	r(s)		
Branch Disease Branch Director Shelly Maag 406-457-8947 Group Case Management 5. Resource Assigned: Resource Identifier Name 406-457-8904 Investigation Team Investigation & Quarantine Team Lakin Girdner 9 406-457-8894 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. I&Q Team - Follow-up with I&Q cases regularly as needed.			
Group Case Management 5. Resources Assigned: Resource Identifier Name Tanner Rasmussen Solation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 18Q Team - Follow-up with I&Q cases regularly as needed.			
Management 5. Resource Secource Secource Reporting Location, Special Equipment and Supplies Resource Reporting Location, Special Equipment and Supplies Resource Reporting Location, Special Equipment and Supplies Reporting Locat			
5. Resource Resource Reporting Location, Special Equipment and Supplies Investigation Team Tanner Rasmussen 30 406-457-8904 Murray Building Isolation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed.			
Resource Identifier Name Tanner Rasmussen Name Tanner Rasmussen Name Autiray Building Nurray Building			
Investigation Team Tanner Rasmussen 30 406-457-8904 Murray Building Isolation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
Investigation Team Tanner Rasmussen 30 406-457-8904 Murray Building Isolation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
Investigation Team Tanner Rasmussen 30 406-457-8904 Murray Building Isolation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
Solation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework	2 S		
Solation & Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework			
Quarantine Team Lakin Girdner 9 406-457-8894 Home/Telework 6. Work Assignments: TASKS: Investigation Team - Oversee & conduct case contact investigations. 1&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
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Investigation Team - Oversee & conduct case contact investigations. I&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
I&Q Team - Follow-up with I&Q cases regularly as needed. 7. Special Instructions:			
7. Special Instructions:			
7. Special Instructions:			
oce modern objectives and commanders ment.			
O Company of the Control of the Cont			
8. Communications (radio and/or phone numbers needed for this assignment):			
Radio (Frequency/ Name Function System/Channel) Phone Cell			
Eric Merchant Operations Section Chief 406-457-8914			
Nurse Hotline Technical Guidance 406-457-8904			
SPH ICP LOFR 406-444-2304			
Brett Lloyd DES Coordinator, Interim 406-457-8897			



9. Prepared by: ICS Form 204

Brett Lloyd, Plans Chief

Signature:

Date/Time: 11/2/2020

13:36

Incident Command System Form 204								
Assignment List								
1. Incident Name:	COVID-19	2. Operational Period:		Date From: Time From:	11/2/2020 8:30:00 AM	Date To: 11/9/2020 Time To: 8:30:00 AM		
3. Assignment Ide	ntifier:	4. Operation	ons	Personnel:		Ph. Number(s)		
Section			Section Chief	Eric Merchant		406-457-8914		
D	D:	Operations :	Sect, Deputy	St. Pete's Ops	Chief	406-444-2304		
Branch	Disease	Branch Dire	ctor	Shelly Maag		406-457-8947		
Group	Technical Info	Group Supe	rvisor	Laurel Riek		406-447-8361		
	& Guidance							
5. Resources Assigned:		S		•				
Resource Identifier	Name	# of Persons	Contact num	nbers	Reporting Lo Special Equi	ocation, ipment and Supplies		
"Technical Assistance Team"	Nurses	varies	406-457-8904		Murray Building			
	Sanitarians	varies	406-457-8900		Telework			

6. Work Assignments:

TASKS:

All - Take calls needing technical information and guidance as it relates to COVID.

- Provide facility/industry/situation-specific guidance as needed.
- Develop Guidance documents and post on LCPH COVID Webpage. Distribute as needed.
- Conduct Plan reviews for events and gatherings.

7. Special Instructions:

See Incident Objectives and Commander's Intent.

*Calls offering to help (volunteers) and calls needing assistance with basic needs (food, shelter, financial etc.) should be referred to **DES (406) 447-8285**

8. Communications (radio and/or phone numbers needed for this assignment): Radio (Frequency/ System/Channel) Name **Function** Phone Cell 406-457-8914 Eric Merchant Operations Section Chief Nurse Hotline Technical Guidance 406-457-8904 SPH ICP LOFR 406-444-2304 Brett Lloyd DES Coordinator, Interim 406-457-8897 9. Prepared by: Brett Lloyd, Plans Chief Signature: ICS Form 204 Date/Time: 11/2/2020 13:36



			Command S Assignme				
1. Incident Name:	COVID-19	Operational Period: Operations		Date From:		Date To:	
3. Assignment Ide	ntifiar			Personnel:	8:30:00 AM	Ph. Numb	8:30:00 AN
Section	Operations		ns Section Chief	Eric Merchant		406-457-8914	Jer(S)
Jection	Operations		ns Sect, Deputy	Life Merchant		400-437-0314	
Branch	Disease	Branch D		Shelly Maag		406-457-8947	
Group	Enforcement	Group Su	inon <i>i</i> sor	Laurel Riek		406-447-8361	
Gloup	Emorcement	Gloup Su	ipervisor	Laurer Mek	400-441-0301		
5. Resources Assig	gned:	S				1	
Б		# of Persons				,·	
Resource		of ers		Reportin			
dentifier	Name	# 0	Contact num	nbers	Special Equ	ipment and Supp	lies
Education Team	Laurel Riek	varies	406-457-8900		Varies		
Lewis & Clark							
Sheriff's Office	Leo Dutton	varies	406-447-8235		Varies		
Helena Police Dept.	Steve Hagan	varies	406-447-8479		Varies		
East Helena PD	William Harrington	varies	406-227-8686		Varies		
City Attornoy			406-457-8595				
City Attorney			400-457-6595				
County Attorney			406-447-8221				
6. Work Assignme	nts:		•	•			
TASKS:							
	(1st Complaint): Follo						
•	nd complaint): LCPH	-Draft Warn	ing Letter to viola	tors, Law Enford	ement - Delive	er letter in person ar	nd observe
suspected violations		ou Enforcer	mont conduct on	cita invacticatio	n to verify viola	ation and forward rea	sulto to
	n - (3rd Complaint): La or City Attorney's Offic		nent, conduct on	-site investigatio	ii to verily viola	mon and lorward res	suits to
appropriate County (on the Antonney's Ollic	J€.					

		Radio (Frequency/		
Name	Function	System/Channel)	Phone	Cell
Eric Merchant	Operations Section Chief		406-457-8914	
Nurse Hotline	Technical Guidance		406-457-8904	
SPH ICP	LOFR		406-444-2304	
Brett Lloyd	DES Coordinator, Interim		406-457-8897	
9. Prepared by:	Brett Lloyd, Plans Chief	Signature:		
ICS Form 204	_	Date/Time: 11/2/2020	13:40	



Incident Command System Form 204 Assignment List								
1. Incident Name:	COVID-19	2. Operation	onal Period:	Date From		Date To: 11/9/2020 Time To: 8:30:00 AM		
3. Assignment Ide	ntifier:	4. Operations		Personnel:		Ph. Number(s)		
Section	Operations	Operations \$	Section Chief	Eric Merchant		406-457-8914		
Branch	Medical	Operations S Branch Dire	Sect, Deputy ctor	St. Peter's Ho	spital	406-444-2304		
Group	Healthcare Facilities	Group Supe	rvisor	St. Peter's Hospi		406-444-2304		
5. Resources Assignessource Identifier St. Peter's Hospital PureView	Name	varies	Contact num 406-447-2840 406-457-0000			ocation, ipment and Supplies		
•					_CPH of positiv	e cases, treat all Covid patien		

7. Special Instructions:

See Incident Objectives and Commander's Intent.

St. Peter's Hospital COVID-19 CALL CENTER 406-457-4180

8. Communications (radio and/or phone numbers needed for this assignment): Radio (Frequency/ System/Channel) Cell Name **Function** Phone Eric Merchant Operations Section Chief 406-457-8914 Nurse Hotline Technical Guidance 406-457-8904 LCPH LOFR 406-457-8926 406-457-8897 Brett Lloyd DES Coordinator, Interim Signature: 9. Prepared by: Brett Lloyd, Plans Chief ICS Form 204 Date/Time: 11/2/2020 13:40



Assignment List								
1. Incident Name:	COVID-19	2. Operation	onal Period:	Date From:	11/2/2020 8:30:00 AM	Date To: 11/9/2020 Time To: 8:30:00 AM		
3. Assignment Ide	ntifier:	4. Operations		Personnel:		Ph. Number(s)		
Section	Operations	Operations \$	Section Chief	Eric Merchant		406-457-8914		
Branch	Medical	Operations S Branch Dire	Sect, Deputy ctor	St. Peter's Hospital		406-444-2304		
Group	Transport	Group Supe	Prvisor David Webster		406-444-2304 406-444-2228			
5. Resources Assignessource Identifier St. Peter's Hospital	Name	varies	Contact numbers 406-447-2840		Reporting Lo	ocation, ipment and Supplies		
			406-444-2228	1				
6. Work Assignme TASKS: ALL - Work with Unit patients and at-risk p	fied Health Comman	d (UHC) and E	OC to coordina	ate, as able, the	transport of su	uspected or confirmed COVID		

7. Special Instructions:

See Incident Objectives and Commander's Intent.

St. Peter's Hospital COVID-19 CALL CENTER 406-457-4180

8. Communications (radio and/or phone numbers needed for this assignment): Radio (Frequency/ System/Channel) Cell Name **Function** Phone Eric Merchant Operations Section Chief 406-457-8914 Nurse Hotline Technical Guidance 406-457-8904 LCPH LOFR 406-457-8926 406-457-8897 Brett Lloyd DES Coordinator, Interim Signature: 9. Prepared by: Brett Lloyd, Plans Chief ICS Form 204 Date/Time: 11/2/2020 13:40



	Inc	ident C	ommand S Assignme	System Fo	rm 204		
			Assignine	III LISI			
1. Incident Name:	COVID-19	2. Operat	ional Period:	Date From:	11/2/2020	Date To: 11/9/2020	
					8:30:00 AM	Time To: 8:30:00 AM	
3. Assignment Ide	ntifier:	4. Operat	ions	Personnel:		Ph. Number(s)	
Section	Operations	Operations	Section Chief	Eric Merchant		406-457-8914	
B	N.A. 12 . 1	Operations	Sect, Deputy				
Branch	Medical	Branch Dir	ector	St. Peter's Hos	spital	406-444-2304	
Group	Fatalities	Group Sup	ervisor	Leo Dutton, Co	roner	406-457-7398	
5. Resources Assig	ned:	(0					
		1 ë					
Resource		# of Persons			Reporting Lo		
dentifier	Name	# A	Contact nun	nbers	Special Equi	pment and Supplies	
·							
Coroner POC	Brent Colbert	2	406-457-8835		Varies		
Norte Applement	mån.					l l	
6. Work Assignme	1113.						
TASKS:							
	e disposition of remai	ns of suspec	cted COVID pat	ents with Unified	d Health Comm	and (UHC) and local Funeral	
	rther disease spread.	no or odopor	5.04 00 V.B pat	iorito with orimot		and (erre) and recall runeral	
Torrido to provone la	anor dioodoo oproda.						
. Special Instruc	tions:						
See Incident Objecti	ves and Commander's	Intent.					
	- / - P 1/ 1		. 1. 16 (12				
. communication	is (radio and/or phone	numbers ne			1	T	
lama	Function		Radio (Frequ		Phone	Cell	
lame Fric Merchant	Operations Section C	hief	System/Chai	11181 <i>)</i>	406-457-8914	Cen	
lurse Hotline	Technical Guidance	AL III CI			406-457-8914		
Coroner	Group Supervisor				406-457-8835		
	DES Coordinator, Into	erim	+		406-457-8897		
Brett Lloyd	DES COGIUITATOI, INT	CHILL			1600-104-004		



9. Prepared by: ICS Form 204 Brett Lloyd, Plans Chief

Signature:

Date/Time: 11/2/2020

13:40

ICS 206 – INCIDENT Medical Plan								
1. Incident Name:		2. Operational	Date From:		07/20/20	D	ate To:	Ongoing
COVID-19		Period:	Time from:	:	0830	Time from:		0830
3. Prepared by:				4. /	Approved by:			
Name: Brett Lloyd	Position: l	Planning Section Ch	ief	Na	me: Drenda Niemanr	ı	Position: In	cident Commander

Commander's Intent:

The intent of all actions and operations is to, as much as possible, minimize disease spread through social distancing and other evidence-based protective and preventive measures.

Safety Message: (updated 7/20/20): As of <u>July 16, 2020</u>, masks are required in indoor areas open to the public.

For more information, read the <u>Governor's directive here</u>.

Exceptions to the mask requirement include [ref. Section 4 of Governor's Directive]:

- children under the age of five. All children between the ages of two and four, however, are strongly encouraged to wear a face covering in accordance with the provisions of this Directive. Children under the age of two should not wear a face covering;
- persons consuming food or drinks in an establishment that offers food or drinks for sale;
- persons engaged in an activity that makes wearing a face covering impractical or unsafe, such as strenuous physical exercise or swimming;
- persons seeking to communicate with someone who is hearing impaired;
- persons giving a speech or engaging in an artistic, cultural, musical, or theatrical performance for an audience, provided the audience is separated by at least six feet of distance;
- persons temporarily removing their face covering for identification purposes;
- persons required to remove face coverings for the purpose of receiving medical evaluation, diagnosis, or treatment; or
- persons who have a medical condition precluding the safe wearing of a face covering.
- Only those employees in public-facing work spaces are required to wear face coverings as specified in this Directive. All other
 employees are asked to wear face coverings in all shared indoor spaces including but not limited to, hallways, break rooms,
 shared offices, meeting rooms, and shared vehicles. Additionally, employees working outside must wear face coverings when
 social-distancing is not possible.
- In instances where no mask can be worn due to a noted exception under Section 4 (sited above), employees in public-facing roles must remain behind glass or plastic screening and maintain a strict 6-foot distance between themselves and all other employees. As we continue in Phase 2 of the re-opening plan, here are some reminders about keeping city-county work environment as safe and healthy as possible. Please continue to follow the provisions and procedures noted below:
- Where feasible, employees that have been working remotely should continue to work remotely;
- Continue to conduct symptom screening at the beginning of each shift;
- Maintain physical distancing of 6 feet in the office or common areas.
- Continue to follow the handwashing guidelines; use hand sanitizer when washing hands is not an option;
- Avoid touching your eyes, nose, and mouth with your hands; avoid close contact with others; and cover coughs and sneezes;
- Continue to disinfect common equipment and other highly touched surfaces. Everyone has a role in this.
- Use the masks, gloves, sanitation supplies, and hand sanitizer provided;
- Stay home from work if you're feeling sick or experiencing COVID-19 symptoms. Use the proper procedure established by your department/office/work unit to notify your supervisor as soon as possible. If you start experiencing symptoms at work, it's important to notify your supervisor and go home as soon as possible. COVID-19 Symptoms Include: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. We encourage you to go in for testing if you're experiencing these symptoms and wait for your results before returning to work.

Diligence is needed in our handwashing (hygiene habits) and sanitation efforts! Offices that have waiting lines or waiting areas for customers/member of the public should review the guidelines for Phase II reopening in the Governor's Directive.

Travel Guidelines

If you have plans for out-of-state travel, please make note of the following:

- Upon return, if you can work from home for 14 days, this is the first and best choice. Maintaining efficient operations, even from home, is still a priority for Lewis and Clark County.
- If you develop symptoms, call your provider. If they recommend a test, stay home until you know your results. You will want to let your provider know when and where you have traveled.
- If working from home is not an option, please exercise precaution and follow the protocols your office or department put in place, as well as the CDC guidelines above in order to maintain the healthiest work environment possible.
- If you have family or friends visiting from out-of-state where close contact cannot be avoided (understandably), the precautions above should also be followed.



ICS 206 - INCIDENT Medical Plan

Instructions on when and how to ask for medical help:

- Symptoms of COVID-19 include a fever over 100 degrees F, cough, and difficulty breathing. If you have mild symptoms, stay
 home if possible and contact your medical provider by phone for guidance. Your provider will make sure you don't expose
 others in the office or hospital setting. He or she will also work with public health professionals to determine if you need to be
 tested.
- If you have severe symptoms, such as difficulty breathing, seek care immediately. Let the 9-1-1 dispatcher know that you might have COVID-19.
- Older patients and people who have underlying medical conditions or compromised immune systems should contact their physician early in the course of even mild illness.

Location of Medical Aid Stations:

- Testing is being done at both St. Peter's Urgent Care in Helena and by PureView in East Helena. Walgreens is doing testing daily from 9-5.
- You no longer need to have a provider's order to be tested for COVID. There are various drive up clinics happening in the near future. Also, "Alluvian" in Great Falls does drive up testing.

Personal Protective Equipment						
Location	PPE Type	Instructions for Use				
Murray Building	Face Masks Required	Non Clinical Staff – Cloth Masks, wash daily Clinical Staff- Cloth or surgical masks, dispose or wash daily Patients – Surgical masks				
City/County Building	Face Masks <mark>Required</mark>	Non Clinical Staff – Cloth Masks, wash daily				
EOC	Face Masks- <mark>Required</mark>	Non Clinical Staff – Cloth Masks, wash daily				
Out in Public	Face Masks-, Required in indoor, public spaces and outside where social distancing cannot be maintained, e.g. standing in a line, at a gathering, etc.	Non Clinical Staff – Cloth Masks, wash daily				

Other Instructions:

- If you feel ill, notify your supervisor immediately. Do not come to work until you feel better.
- If you have questions or concerns, contact the state hotline at 1-888-333-0461 or the LCPH Nurse's Hotline at 406-457-8904.

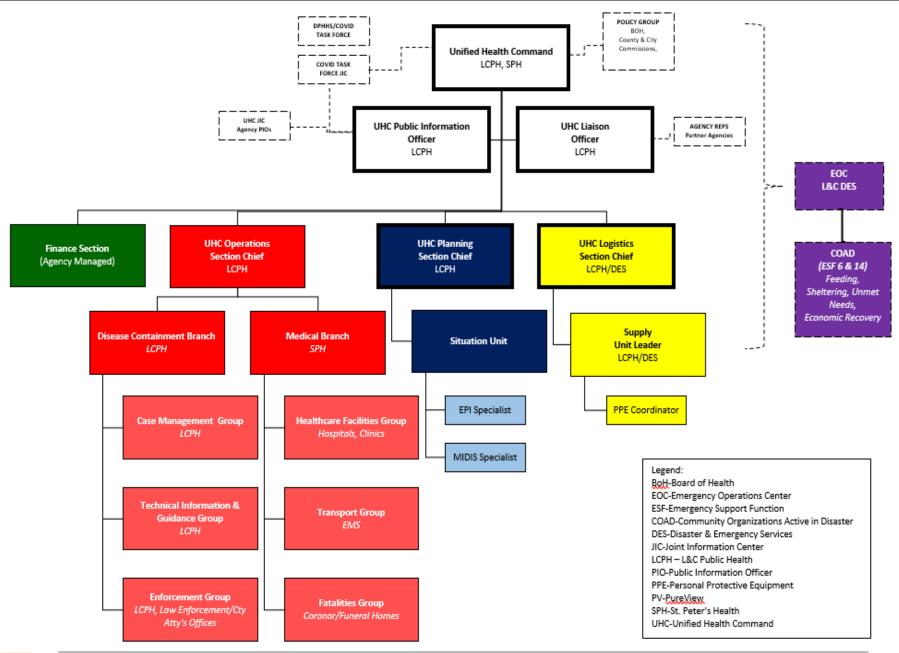
PPE Strategies:

- Strategies for Optimizing the Supply of PPE (CDC)
- Strategies for Optimizing the Supply of N95 Respirators (CDC)
- Extending the Use and/or Reusing Respiratory Protection During Disasters (APIC)
- Temporary Enforcement Guidance Healthcare Respiratory <u>Protection</u> (OSHA)
- Conserving Facemasks and Respirators During a Critical Shortage (TJC)
- PPE Burn Rate Calculator (CDC)
- PPE Emergency Use Authorizations (FDA)
- <u>Decontamination and Reuse of Filtering Facepiece</u>
 <u>Respirators</u> (CDC)

List of Montana based PPE Vendors:

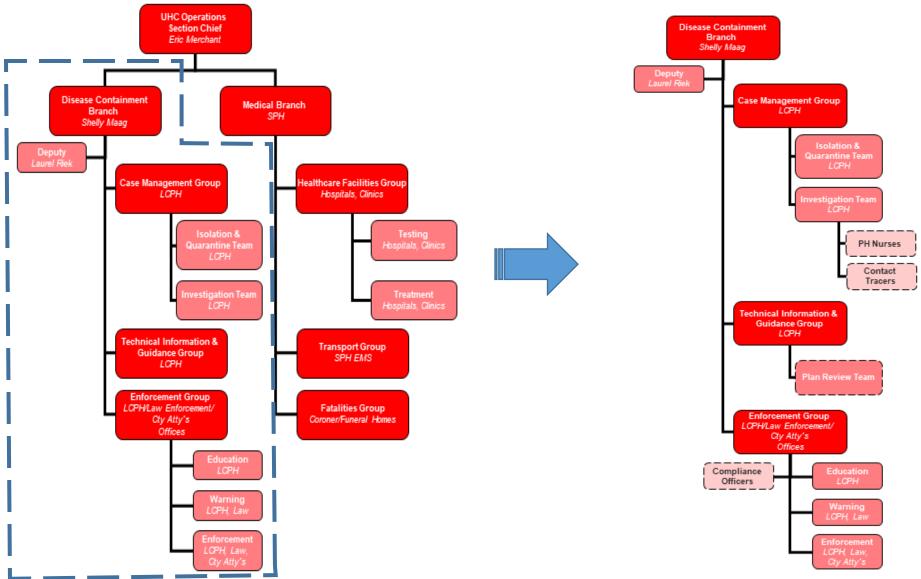
http://innovatemontana.com/blog/mask-up-with-montana-produced-masks







Operations Section



ICS 202b – Positio	n Objectives &	Update Form				
1. Incident Name:	1. Incident Name: 2. Operational P		Date From:		Date To:	
			Time from:		Time from:	
3. Prepared by:			4. Approved by:		, ,	
Name: Situational Update for	Position:		Name:	Positi	on:	
Situational opuate io	your Position					
v						
Objectives and Activit		or this Operational Perio	d			Status
A.	ies					Status
Α.						
В.						
C.						
D.						
E.						



Major Decisions / Policy Changes made by your Position										
Time	Description of decision / policy change									
Documents / Products Developed										
Time	Name and Description	on		Loca	ation					
Changes in pe	rsonnel and/or resource deployment since last sit	uation status update	-							
R	esource (include name if personnel)	Time of change	Dis	oosition	Current location					
List of major problems or concerns since last update:										
Recommenda	tions for the next operational period (e.g., objecti	ves, tasks, resources):								
Quote of the	week:									
	You have not fail	ed until you quit tryir	na.							
		n B. Hinckley	5							

